:: NATIONAL RESPONSE CENTER :: :: STORAGE TANK REPORT (PDF) ::

The PDF Report should not be submitted to the NRC via fax or mail. They were created for use in Training and/or Response Plans, or as a guide when contacting the NRC.

Please file reports via our toll-free number (800-424-8802) or by submitting an ONLINE REPORT.

Fields displayed in RED are mandatory entries. Please fill out the form as completely as possible.					
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Is this a DRILL Report ? YES NO	E-Mail Address:				
REPORTING PARTY	SUSPECTED RESPONSIBLE PARTY				
Phone 1: Type:	Last Name:				
Last Name:	First Name:				
First Name:	Phone 1: Type:				
Phone 2: Type:	Phone 2: Type:				
Phone 3: Type:	Phone 3: Type:				
Company:	Company:				
Org Type:	Org Type:				
Address:	Address:				
City:	City:				
State:	State:				
ZIP:	ZIP:				
Are you calling on behalf of responsible party:	Yes No				
Are you or your company responsible for Material released:	Yes No				
INCIDENT DESCRIPTION					
Description of Incident:					

Incident Date:	Time: Occurred	I/Discovered/Planned:			
Type of Incident: STORAGE TANK		Incident Cause:			
	INCIDENT L	OCATION			
Location Description:					
Address Location:		State:			
		County:			
		ZIP:			
Nearest City: D	istance from Nearest City:	Units:			
Direction: Range:	Section:	Township:			
Latitude: Degrees: Minutes:	Seconds: Quad	rant:			
Longitude: Degrees: Minutes:	Seconds: Quad	rant:			
TANK/CONTAINER DETAILS					
Tank/Container Description:		Tank/Container ID:			
Above/Below Ground: Above Be	elow	Transportable: Yes No Unknown			
Regulated: Yes No Unknown		Regulated by:			
Tank/Container Capacity:	Amount in	Tank:			
	MATERIAL II	NVOLVED			
MATERIAL #1					
Material:	CHRIS Code:	CAS Code:			
Amount Released: Units:	Amount i	n Water: Units:			
MATERIAL #2					
Material:	CHRIS Code:	CAS Code:			
Amount Released: Units:	Amount i	n Water: Units:			
MATERIAL #3 Material:	CHRIS Code:	CAS Code:			
Amount Released: Units:	Amount i	n Water: Units:			

MATERIAL #4									
Material:		CH	HRIS Code:		CAS Code:				
Amount Released: Units:			Amount	in Water:	U	nits:			
MATERIAL #5		O.	IDIC Code		040 Ondo				
Material:		CF	HRIS Code:		CAS Code:				
Amount Released: Units:	:		Amount	in Water:	u	nits:			
	MA	TERIAL	IN WATE	ER INFO	RMATION				
Body of Water Affected:		Offshore	e: Yes	No	River Mile	Marker:			
Tributary of:	W	/ater Supply	y Contamin	nated:	Yes No	Unk	nown		
Water Temperature: Units	s:								
Wave Condition:	Speed:	Ur	nits:		Direction:				
		SHE	EN INFO	DRMATIC	ON				
Sheen Length: Uni	ts:	5	Sheen Widt	th:	Units	s:			
Color:	D	irection of N	Movement:						
Odor Description:									
IMPACT INFORMATION									
		IMP/	ACT INFO	ORMATI	ON				
Medium Affected:	Detaile	IMP			ON				
Medium Affected: Fire:	Detaile Yes	d Medium II				Yes	No	Unknowr	
	T	d Medium I I	nformation	: Fire Extin	guished:	Yes	No	Unknowr	1
Fire:	Yes	d Medium I I	nformation Jnknown	Fire Extin	guished:	Yes	No	Unknowr	
Fire:	Yes	d Medium I I	nformation Jnknown	Fire Exting	guished: f Injuries:		No	Unknowr	
Fire:	Yes	d Medium I I	nformation Jnknown	Fire Exting Number o Number to	guished: f Injuries: to Hospital:	s:	No	Unknowr	
Fire:	Yes Yes	d Medium II No U	nformation Jnknown Jnknown	Fire Exting Number of Number to Rail Emplo	guished: f Injuries: o Hospital: oyee Injuries	s:	No	Unknowr	
Fire: Injuries:	Yes	d Medium II No U	nformation Jnknown	Fire Exting Number o Number to Rail Emplo Rail Passo Number o	guished: f Injuries: o Hospital: oyee Injuries enger Injurie f Fatalities:	s:	No	Unknowr	
Fire: Injuries:	Yes Yes	d Medium II No U	nformation Jnknown Jnknown	Number of Number to Rail Employee	guished: f Injuries: o Hospital: oyee Injuries enger Injurie f Fatalities:	s:	No	Unknowr	
Fire: Injuries:	Yes Yes	d Medium II No U	nformation Jnknown Jnknown	Number of Number to Rail Employee Passenge	guished: f Injuries: h Hospital: oyee Injuries enger Injurie f Fatalities: Fatalities: r Fatalities:	s:	No	Unknowr	
Fire: Injuries: Fatalities:	Yes Yes	No U	Inknown Jinknown Jinknown	Number of Number to Rail Employee Passenge Vehicle Fa	guished: f Injuries: o Hospital: oyee Injuries enger Injurie f Fatalities: r Fatalities: atalities:	s:	No	Unknowr	
Fire: Injuries:	Yes Yes	No U	nformation Jnknown Jnknown	Number of Number to Rail Employee Passenge Vehicle Fa	guished: f Injuries: D Hospital: D Hospital: D Hospital: D Hospital: D Fatalities: D Fatalities: D Fatalities: D Fatalities: D Fatalities: D Fatalities:	s:	No	Unknowr	
Fire: Injuries: Fatalities:	Yes Yes	No U	Inknown Jinknown Jinknown	Number of Number to Rail Employee Passenge Vehicle Fa	guished: f Injuries: o Hospital: oyee Injuries enger Injurie f Fatalities: r Fatalities: atalities:	s:	No	Unknowr	
Fire: Injuries: Fatalities:	Yes Yes	No U	Inknown Jinknown Jinknown	Number of Number to Rail Employee Passenge Vehicle Fa	guished: f Injuries: D Hospital: D Hospital: D Hospital: D Hospital: D Fatalities: D Fatalities: D Fatalities: D Fatalities: D Fatalities: D Fatalities:	s:	No	Unknowr	
Fire: Injuries: Fatalities:	Yes Yes	No U	Inknown Jinknown Jinknown	Number of Number to Rail Employee Passenge Vehicle Fa	guished: f Injuries: o Hospital: oyee Injuries enger Injurie f Fatalities: r Fatalities: atalities: vacuated: ea in Miles:	s:	No	Unknowr	
Fire: Injuries: Fatalities: Evacuations:	Yes Yes Yes	No U No U No U No U	Inknown Jinknown Jinknown Jinknown	Number of Number to Rail Employee Passenge Vehicle Far Number E Radius/Ar Who was	guished: f Injuries: o Hospital: oyee Injuries enger Injurie f Fatalities: r Fatalities: atalities: vacuated: ea in Miles:	s:	No	Unknowr	
Fire: Injuries: Fatalities: Evacuations: Damages:	Yes Yes Yes Yes	No U No U No U No U	Inknown Jinknown Jinknown Jinknown	Number of Number of Rail Employee Passenge Vehicle Far Number E Radius/Ar Who was	guished: f Injuries: o Hospital: oyee Injuries enger Injurie f Fatalities: r Fatalities: r Fatalities: vacuated: rea in Miles: Evacuated:	s:		Unknowr	
Fire: Injuries: Fatalities: Evacuations: Damages:	Yes Yes Yes Yes	No U No U No U No U	Inknown Jinknown Jinknown Jinknown	Number of Number to Rail Employee Passenge Vehicle Far Number E Radius/Ar Who was Damage in Road:	guished: f Injuries: b Hospital: oyee Injuries enger Injurie f Fatalities: r Fatalities: atalities: ea in Miles: Evacuated: n Dollars:	s: s:			

Track Closed:	Yes	No	Unknown	Track:		
Passengers Transferred:	Yes	No	Unknown	Hours Closed: Direction of Closure:		
Air Corridor Closed:	Yes	No	Unknown	Air Corridor: Hours Closed:		
Waterway Closed:	Yes	No	Unknown	Waterway: Hours Closed:		
Environmental Impact:	Yes	No	Unknown	Type of Impact:		
				Media Interest:		
		W	EATHER IN	FORMATION		
Weather Conditions:		Air T	emperature:			
Wind Speed: Unit: Wind Direction:						
REMEDIAL ACTION INFORMATION						
Remedial Action Taken:						
Release Secured: Yes No	Unknown	Re	lease Duration	: Unit:		
Rate of Release: Unit:			P	Per:		
	AD	DITIC	NAL AGEN	CY INFORMATION		
Federal Agency Notified:						
State/Local Agency Notified:						
State/Local Agency On-Scene:						
State Agency's Report Number:						
		ADI	DITIONAL II	NFORMATION		
Additional Information:						